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eradication after the epidemic has gained a serious headway. Plague has already appeared in three cities in the continental United States. It exists in many of the countries with which we have intimate trade relations. It is a disease which disregards climate and geographical location, and merely because its presence has not been discovered in other American seaports is no guarantee whatsoever that it does not exist there among rats at the present time. Plague is a menace to every port on the American seaboard, and with the growth of our foreign commerce this menace is daily increasing. Nothing short of serious interference with commercial relations will prevent its gaining a foothold in American ports unless the municipal authorities of these ports themselves will take cognizance of the danger which confronts them and apply plague-preventive measures before it has become necessary to put plague-eradivative measures into operation. The eradication of plague is both difficult and costly. The prevention of plague is relatively simple and inexpensive. The policy of waiting until human plague has appeared is gambling with human lives and prosperity. The policy of plague protection is health and commercial insurance. Plague has spread around the world. It menaces every port in the United States. This menace will come to naught if we will erect the proper fortifications against plague and take those measures for its prevention while the opportunity lasts.

MORBIDITY REPORTS IN KANSAS.

The following is from a letter sent by the Kansas State Department of Health to all local health officers for the purpose of obtaining their interested cooperation:

STATE OF KANSAS,
STATE BOARD OF HEALTH,
Topeka, April 2, 1915.

To Health Officers:

Morbidity reports are to be mailed each Saturday night. If no reports are received from physicians during week, you are expected to mail us a "No report" card instead. If by the following Wednesday we do not receive either the reports or a "No report" card, you are marked "Delinquent." We are keeping careful check of delinquencies for this year, and we hope to encourage regularity of reports by apprising health officers of their records at the end of each quarter.

For the past quarter—that is, weeks from January 2 to March 27, inclusive—we should have had 12 weekly reports from you. For each week you missed we deducted $8\frac{1}{3}$ per cent from your score. This list will show you where you stand:

COUNTIES.

Bourbon, Brown, Butler, Clark, Clay, Cloud, Graham, Harper, Haskell, Kiowa, Leavenworth, Lincoln, Marion, Miami, Mitchell, Montgomery, Nemaha, Ness, Osage, Ottawa, Riley, Sedgwick, Sherman, Smith, Sumner, Woodson.....	Per cent. 100
Allen, Barton, Chase, Cherokee, Cheyenne, Comanche, Cowley, Doniphan, Douglas, Elk, Ford, Geary, Gove, Hamilton, Jefferson, Kingman, Lane, Lyon, Neosho, Norton, Rawlins, Wallace, Wilson.....	91 $\frac{1}{2}$

Anderson, Chautauqua, Coffey, Crawford, Ellis, Ellsworth, Franklin, Jackson, McPherson, Morris, Osborne, Pottawatomie, Republic, Scott, Shawnee, Trego.....	Per cent.
Trego.....	81½
Greenwood, Hodgeman, Kearney, Labette, Meade, Morton, Seward, Thomas, Washington.....	75
Gray, Linn, Pawnee, Reno, Rice, Wabaunsee, Wyandotte.....	66¾
Jewell.....	58½
Decatur, Johnson, Wichita.....	50
Barber, Edwards, Phillips, Russell, Stevens.....	41¾
Dickinson, Grant, Greeley, Harvey, Logan, Marshall, Saline.....	33½
Pratt, Rush.....	25
Finney, Rooks, Sheridan.....	12½
Atchison, Stafford.....	8½
Stanton.....	0

CITIES.

Parsons, Coffeyville, Hutchinson, Wichita, Topeka.....	100
Leavenworth.....	91¾
Fort Scott.....	83½
Kansas City.....	75
Pittsburg.....	50
Atchison.....	8½
* * * * *	

Fraternally, yours,

JOHN J. SIPPY, M. D.,
Epidemiologist.

INTERSTATE MIGRATION OF TUBERCULOUS PERSONS.

ITS BEARING ON THE PUBLIC HEALTH, WITH SPECIAL REFERENCE TO THE STATES OF TEXAS AND NEW MEXICO.¹

By ERNEST A. SWEET, Passed Assistant Surgeon, United States Public Health Service.

The Effects of Travel Upon Tuberculous Persons.

We have seen the possible sources of danger to the public in the migration of the tuberculous. Attention must now be directed to the consequences to the consumptives themselves in their efforts to obtain relief. The journey from East to West, while performed in these days in a greater degree of comfort than in former years, is particularly depressing to those in an advanced stage of the disease, and there are few who arrive at their destination in as good condition physically as they were upon departure. At times the deterioration is marked, the journey itself apparently being the element which has brought about rapid progression of the disease and perhaps a change in the entire aspect of the case.

Consumptives do not bear close confinement, and when such confinement is accompanied by exposure to dust, overheating, lack of rest and food, and the depression which results from parting with friends,

¹ This is the second installment of this article. The first installment appeared in the Public Health Reports of April 9, 1915, page 1059.